



CalPERS Retirement Allowance Estimate Request

The purpose of this form is to request an estimate of potential future benefit amounts that will assist you with your financial planning. **This form is not an application for retirement.**

Part 1 - Member Information (please print)

		/	/
Social Security Number	Name	Date of Birth	

Mailing Address	City	State	ZIP
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Home Phone	Work Phone
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Part 2 - Estimate Information

/	/	
Projected Retirement Date	Employer	

Type of Estimate for Retirement Allowance ☐ Service ☐ Disability ☐ Industrial Disability

Part 3 - Beneficiary Information

Relationship	/	/
	Date of Birth	

Part 4 - Survivor Continuance Information

- A. Will you have been married at least one year prior to your tentative retirement date? ☐ Yes ☐ No
- B. Do you have any unmarried children under age 18 or disabled prior to age 18? ☐ Yes ☐ No
- C. Are either or both of your parents dependent on you for at least 1/2 of their support? ☐ Yes ☐ No

Part 5 - Retirement Options

CalPERS will provide you an estimate for the Unmodified Allowance and Options 1, 2, 2W, 3, and 3W.
ONLY if these do not meet your needs, you may request ONE of the approved Option 4 types listed below.

- ☐ Option 2W & Option 1 combined
- ☐ Option 3W & Option 1 combined
- ☐ Multiple Lifetime Beneficiaries: (birthdates) _____
- ☐ Reduced Allowance for Fixed Period of Time: \$ _____ .00 or _____ %; Duration: _____
- ☐ Specific % to Beneficiary: _____ %
- ☐ Specific \$ Amount to Beneficiary: \$ _____ .00

Part 6 - Temporary Annuity

To request a temporary annuity estimate, complete the information below:

Desired Age for Temporary Annuity to Stop (59½ or whole age 60 to 68): _____ Amount: \$ _____ .00

Part 7 - Other California Public Retirement Systems

Are you a member of another public retirement system other than Social Security or military? ☐ Yes ☐ No

If Yes, Name of System: _____ Estimated Final Compensation Amount: \$ _____ .00

Instructions for Completing Form

Part 1 through Part 3 must be completed to process your estimate request. If you have any questions please call the number listed on the front of this form.

Part 1 – Member Information

Name: Provide your first, middle initial, and last name.

Social Security Number: Provide your Social Security number.

Birth Date: Provide month, day, and complete year.

Mailing Address: Provide the mailing address where you wish to receive your estimated retirement allowance.

Telephone Number(s): Provide us your home and/or work number in case we need to reach you.

Part 2 – Estimate Information

Employer: Provide the name of your current or last employer you were with under the California Employees' Retirement System.

Projected Retirement Date: List your projected retirement date. The minimum retirement age for service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with 10 years of service credit. There are some exceptions to these requirements.

Type of Estimate for Retirement Allowance: Select the type of retirement estimate you wish to receive. Not all CalPERS members are eligible for an Industrial Disability retirement. Please contact your Personnel Office for information on eligibility.

Part 3 – Beneficiary Information

A beneficiary is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we will need their date of birth.

Relationship to You: A beneficiary might be a spouse, child, friend, etc.

Beneficiary Birth Date: Provide month, day, and complete year.

Part 4 – Survivor Continuance Information

Survivor Continuance is an employer-paid benefit payable to an eligible dependent upon your death. To be an eligible survivor you must be married for at least one year prior to your retirement date; an unmarried child who is under age 18 or disabled prior to age 18; or a parent dependent on you for at least ½ of their support.

Part 5 – Retirement Options

Option 4 allows you to choose a more customized allowance to best suit your needs, as long as the amount to your beneficiary(s) is not more than the benefit provided under Option 2W. For additional information, please refer to ***Retirement Option 4*** (PERS-PUB-18).

Part 6 – Temporary Annuity

Temporary Annuity is an additional monthly income you may choose to augment your pension from CalPERS. **If you take a disability retirement, a Temporary Annuity is not available.** The benefit is payable from your retirement date to a specific age that you select – 59½ or any whole age from 60 to 68. You can also name the dollar amount you wish to receive (within certain limitations). It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement allowance is reduced to pay for your Temporary Annuity. For additional information, please refer to ***Temporary Annuity*** (PERS-PUB-13).

Part 7 – Other California Public Retirement Systems

Reciprocity is an agreement CalPERS has with many public retirement systems that allows movement from public employer to public employer within a specified time limit, without losing valuable retirement and related benefit rights. For additional information, please refer to ***When You Change Retirement Systems*** (PERS-PUB-16).

CalPERS Web Site

You have taken an important step in planning your retirement by requesting an estimate of your retirement allowance. You may obtain additional information on all programs administered by CalPERS by logging on to our web site at ***www.calpers.ca.gov***. In addition, this site includes a Retirement Planning Calculator; you enter some personal information, and the calculator provides an estimate of your monthly retirement benefit.